REQUEST FOR FIFTH ARMY NETWORK SERVICE

(The proponent for this form is G-6)

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450,9397; and Public Law 99-474, the Computer Fraud and Abuse Act.

PURPOSE: To verify that access to an automated information system is being given to an individual who has met all security requirements. This information is required by the supporting Security Officer and Information Assurance Security Officer.

ROUTINE USES: To authorize access to LAN and E-mail.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Information is voluntary; however, failure to provide the information would be denial of access authorization to the Local Area Network and the e-mail privileges. This information will not be released to third parties.

USER INFORMATION:

LAST NAME: _____   FIRST NAM _____   MI.

RANK/GR: _____   TITLE: _____

AKO EMAIL ADDRE: _____

ORGANIZAT _____

SECTION: _____   _____   BLDG: _____   ROOM #: _____

OFFICE PHONE #: ☐   ☐   _____

RESPONSIBILITY STATEMENT: As an employee of the Federal Government and a user of information systems resources, I am cognizant of my responsibilities as follows: Resources will be used only for official duties. Data software, hardware and passwords will be protected to the best of my abilities. Proprietary and copyright material will be protected and accounted for. Personally owned computers will not be used to access Government information system resources. Security incidents will be reported to the IASO immediately. Users will only use their individually assigned ID and password, protect passwords and telephone access numbers as FOUO, access only the resources as authorized, and abide by applicable security regulations and guidelines.

REQUESTOR: I understand my responsibilities as a user IAW AR 25-2.	SUPERVISOR: I verify this user requires access as requested.
PRINT NAME: _____	PRINT NAME: _____
SIGNATURE: _____	SIGNATURE: _____
DATE: _____	PHONE: _____ ATE: _____

IASO:
I verify that this user has completed Computer User Security Training and has signed Acceptable Use Policy (AUP).

PRINT NAME: _____   SIGNATURE: _____

SECURITY MANAGER:

☐ ppropriate level of clearance.   ☐ pleted favorable background investigation.

☐ ther (Explain): _____

PRINT NAME : _____   ATURE: _____

SYSTEM ADMINISTRATOR:

PRINT NAME : _____   ATURE: _____